

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.

INC.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL
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CLAIMS

TOTAL
IND.
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CLAIMS

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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